SCHEDULE A (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:						PAGE	4	83	OF	7	'92
(check only one)											
	X	11a		11b		11c		11	d		
		12		13a		13h		14			15

for each category of the ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Haley Stevens for Congress Full Name (Last, First, Middle Initial) Buc, Nancy, L.,, Date of Receipt Mailing Address 4200 Massachusetts Ave NW 07 City State Zip Code Transaction ID: VTEJ1Y2SW77 DC 20016-4735 Washington FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 100.00 Name of Employer Occupation Not Employed Not Employed Memo Item Receipt For: 2020 Election Cycle-to-Date **x** Primary General 717.86 Other (specify) * Earmarked Contribution: See Below Full Name (Last, First, Middle Initial) **EMILY'S LIST** Date of Receipt Mailing Address 1800 M St NW 2020 Ste 375N 01 07 City State Zip Code Transaction ID: VTEJ1Y2SW77E Washington DC 20036-5862 FEC ID number of contributing C C00193433 Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Conduit total listed in Agg. field Memo Item Receipt For: 2020 Election Cycle-to-Date **★** Primary General 2268.32 Other (specify) ▼ Note: Above Contribution earmarked through this organization. Full Name (Last, First, Middle Initial) Raby, Khether, , , Date of Receipt Mailing Address 93 Eldredge St City State Zip Code Transaction ID: VTEJ1Y2P177 MA Newton 02458-2005 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation Self-Employed Physician Memo Item Receipt For: 2020 Election Cycle-to-Date Primary ✗ General 4500.00 Other (specify) * Earmarked Contribution: See Below SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....